

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HARAS STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	H.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREE	808/533-4601			
(City)	(State)		(Zip Code)	
HONOLULU	HAWAII	96	96813-2453	
EMPLOYING ORGANIZATION (Fil	by) TELEPHONE			
CAPITOL CONSULTANTS OF H	808/531-4551			
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STREE	808/533-4601			
(City)	(State)		(Zip Code)	
HONOLULU	HAWAII	9	96813-2453	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE 808-848-6211		
PACIFIC SHIPYARDS INTERNAT			
MAIL INC ADDRESS (Stroot)	FAX 808-423-8399		
MAILING ADDRESS (Street)	1700 000 120 0000		
PO BOX 30989			
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(City)	(State)	(Zip Code)	
HONOLULU	н	96820	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)	FAX 808-533-4601		
MAILING ADDRESS (Street)	., 31 000 000 1001		
222 SOUTH VINEYARD STREET			
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(City)	(State) (Z		p Code)		
HONOLULU	HI 96		13-2453		
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PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY			
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development		
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations International Affairs			
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[] Labor & Employment	[] Transportation		
[] Culture, Arts, Historic Preservation	[] Health	[X] Planning, Land & Water Use Management	[] Other: (indicate below)		
[] Ecology, Energy Environmental Protection	[] Housing	[] Public Safety & Corrections			
	N OF LOBBYIST	id to the best of my knowled			
Thereby certify that the	A CALL A LA CALL	he the best of my knowledge	5-5-2005		
	(Signatuke of Lobbyist)		(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
BILL CLIFFORD PRESIDENT/CEO					
NAME OF ORGANIZATION (if ap	plicable)		TELEPHONE 808-848-6211		
PACIFIC SHIPYARDS INTERNAT	TIONAL				
MAILING ADDRESS (Street)			FAX 808-423-8399		
PO BOX 30989					
(City)	(State) (2		Code)		
HONOLULU	н		20		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					

(Signature Authorizing Officer or Person Represented)